



TEXAS DEPARTMENT OF HEALTH  
AUSTIN TEXAS  
INTER-OFFICE

03-034

**TO:** Directors, WIC Local Agencies

**FROM:** Mike Montgomery, Chief **[ORIGINAL SIGNED]**  
Bureau of Nutrition Services

**DATE:** April 8, 2003

**SUBJECT:** Revised Damaged Product Return and New Sample Formula Fax Forms

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With the introduction of Prosobee LIPIL and LactoFree LIPIL concentrate and powder forms to the State's available sample formula product line, the attached Damaged Product Returns form has been revised. Please begin using the revised form immediately.

A new TX WIC Sample Formula-Fax form has been created. For LAs and clinics that wish to fax in sample formula orders rather than calling Mead Johnson customer service directly, please use the attached form.

Should you have any questions, please contact Kim Gold at (512) 458-7111, Ext. 2215 or at: [kim.gold@tdh.state.tx.us](mailto:kim.gold@tdh.state.tx.us)

## MEAD JOHNSON PROCEDURES FOR DAMAGED PRODUCT RETURNS FOR WIC CLINICS

- **Never use damaged products!**
- **Always dispose of damaged products in an efficient & timely manner.**
- Each individual clinic should keep track of damaged cans and accumulate damaged cans equivalent to a full case. (e.g., all concentrate items = 12 cans per case & all powders items = 6 cans per case)  
**NOTE: WE DO NOT CREDIT OR REPLACE PARTIAL CASES!**

**To receive a credit or replacement, the clinic must complete this form and fax it to Donna Ulrich at 812-429-8610.**

Any questions regarding orders or deliveries should always be directed to Customer Service at 1-800-457-3550.

Customer Account Number \_\_\_\_\_ Agency/Clinic# \_\_\_\_\_

Local Agency Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_

**Please indicate the damaged item(s) and quantities (CASE QUANTITIES ONLY):**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> <b>Enfamil LIPIL w/Iron Concentrate</b> | <b>Case Qty</b> _____ |
| <input type="checkbox"/> <b>Enfamil LIPIL w/Iron Powder</b>      | <b>Case Qty</b> _____ |
| <input type="checkbox"/> <b>Enfamil W/I Concentrate</b>          | <b>Case Qty</b> _____ |
| <input type="checkbox"/> <b>Enfamil W/I Powder</b>               | <b>Case Qty</b> _____ |
| <input type="checkbox"/> <b>ProSobee Concentrate</b>             | <b>Case Qty</b> _____ |
| <input type="checkbox"/> <b>ProSobee Powder</b>                  | <b>Case Qty</b> _____ |
| <input type="checkbox"/> <b>ProSobee LIPIL Concentrate</b>       | <b>Case Qty</b> _____ |
| <input type="checkbox"/> <b>ProSobee LIPIL Powder</b>            | <b>Case Qty</b> _____ |
| <input type="checkbox"/> <b>LactoFree LIPIL Concentrate</b>      | <b>Case Qty</b> _____ |
| <input type="checkbox"/> <b>LactoFree LIPIL Powder</b>           | <b>Case Qty</b> _____ |
| <input type="checkbox"/> <b>Other</b> _____                      |                       |

**Please indicate Replacement or Credit**

- ☐ **Replacement Request**
- ☐ **Credit Request**

**THANK YOU!**

**TX WIC SAMPLE FORMULA – FAX FORM**  
**FAX TO MEAD JOHNSON @ 1-800-828-9119**  
**If you have any questions, please call Customer Service at 1-800-457-3550**

**Date:** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Order Confirmation #** \_\_\_\_\_

**(For Mead Johnson use only)**

**Shipping Address:**

**Name of Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

<b>ENFAMIL WITH IRON</b>		<b># CASES</b>
030114	CONCENTRATE	
033138	POWDER	
<b>ENFAMIL LIPIL</b>		<b># CASES</b>
127201	CONCENTRATE	
127301	POWDER	

<b>PROSOBEE</b>		<b># CASES</b>
030811	CONCENTRATE	
310111	POWDER	
<b>PROSOBEE LIPIL</b>		<b># CASES</b>
119501	CONCENTRATE	
121401	POWDER	

<b>LACTOFREE LIPIL</b>		<b>#CASES</b>
061401	CONCENTRATE	
061607	POWDER	

**CONTACT NAME:** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**FAX #** \_\_\_\_\_ **(for fax back confirmation of order)**

Please include your name & phone number just in case we need to contact you. Also, for confirmation of your order, please include your fax number as well.

**04/03 st**